PTO/SB/17 (05-07) Approved for use through 05/31/2007. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, non-son are required to				U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE respond to a collection of information unless it displays a valid OMB control number.				
Effective of Deach Africa Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				- '' 		10/601,132-Co		
FEE TRANSMITTAL				Filing Date	\longrightarrow	June 20, 2003		
For FY 2007				First Named Inv		Anthony P. Shuber		
				Examiner Name		Aeder, Sean E.		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit				
TOTAL AMOUNT OF PA	Attorney Docket No. E0411.70037US00							
METHOD OF PAYMENT (check all that apply)								
X Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION	1010111111	and i.i.						
1. BASIC FILING, SEARC	CH, AND EXAM	VINATION FEE	s					
1		G FEES	SEA	ARCH FEES	EXAM!	INATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$	a
Utility	300	150	500	250	200	100	1 000 1 010 14	1
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES	,						Small	Entity
Fee Description							Fee (\$) Fee	(\$)
Each claim over 20 (including Reissues)								25
Each independent claim of	•	ng Reissues)						100
Multiple dependent claim		/6\	See C	s = t = 1 /fs \		**:-!4!!a Dananda		180
		Fee (\$)	_ ree r	Paid (\$)		Multiple Depende Fee (\$) F	Fee Paid (\$)	
- 20 = x = Fee (\$) HP = highest number of total claims paid for, if greater than 20.							ee Falu (4)	
_		Fee (\$)	Fee P	Paid (\$)	-			
-3=	x							
HP = highest number of indepo	•	i for, if greater than	ı 3 .					
3. APPLICATION SIZE FI		1 100 -Lasta a	^	Z 1 dia a alaasa	·11	~: · · · · · · · · · · · · · · · · · · ·	.4 -	
If the specification and of listings under 37 CFF								
sheets or fraction the					0	0111197 101 01111	Juliania. De	
Total Sheets	Extra Sheets	<u>Number o</u>	f each a	dditional 50 or frac	ction there	eof Fee (\$)	Fee Paid (\$	<u>ē)</u>
		/50 =		(round up to a who	ole number	r) x =	=	
4. OTHER FEE(S)	- 0.000						Fees Paid (<u>\$)</u>
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00								
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1801 Request for continued examination (RCE)							1,020.00 790.00	
SUBMITTED BY								=
Signature C	* KH	Lan		Registration No.	41,418	8 Telephone	(617) 646-800	0
Name (Print/Type) Patrick	R.H. Waller	****		(Attorney/Agent)	<u>-</u>	Date	July 9, 2007	
rumo (rimo riper)	Tt.ii. Ttuioi		—				odly 0, 200.	
		Cortificate	of Maillr	Under 37 CER 1	9(2)			
Certificate of Mailing Under 37 CFR 1.8(a) I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.								
Dated: July 9, 2007		Signature:	are	y		(Hollie E. Gilson)		